

**"FEE ADDRESS" INDICATION FORM**

**Address to:**  
Mail Stop M Correspondence  
Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

**OR      Fax to:**  
**571-273-6500**

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** if you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

Customer Number: **000197**

OR

The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER	APPLICATION NUMBER
7637202	10/582961

Completed by (check one):

Applicant / Inventor \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Agent of record \_\_\_\_\_ (Reg No.) \_\_\_\_\_ Typed or printed name \_\_\_\_\_

Assignee of record of the entire interest. See 37 CFR 3.71. Typed or printed name \_\_\_\_\_

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Requester's telephone number \_\_\_\_\_

Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

\* Total of \_\_\_\_\_ forms are submitted.